

<b>CLAIMS ONLY</b>						SERIAL NO.		FILING DATE					
						APPLICANT(S)							
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	/						51						
2							52						
3							53						
4							54						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/		↓				TOTAL IND.		↓				
TOTAL DEP.	0		↔	↔			TOTAL DEP.		↔	↔			↔
TOTAL CLAIMS	1	*					TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS